

#### **Application Information**

Application number:: 10/776,012

Filing Date:: 02/09/04

Application Type:: Regular

Subject Matter:: Utility

Title:: INTERACTIVE HAND HELD APPARATUS WITH

**STYLUS** 

Attorney Docket Number:: 020824-004112US

Request for Early Publication:: No

Request for Non-Publication:: Yes

Suggested Drawing Figure::

Total Drawing Sheets:: 17

Small Entity?:: No

Petition included?:: No

Secrecy Order in Parent Appl.:: No

**Applicant Information** 

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Michael

Middle Name:: C.

Family Name:: Wood

City of Residence:: Orinda

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 27 La Noria

City of Mailing Address:: Orinda

Page 1 Initial 2/9/04, Supplemental 10/26/04

State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 94563

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Alice

Middle Name::

Family Name:: Chen <u>Jordan</u>

City of Residence:: Oakland

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 3535 Lincoln Avenue

City of Mailing Address:: Oakland

State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 94602

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: David

Middle Name::

Family Name:: Goldstein

City of Residence:: San Francisco

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 3250 Webster Street, #1

City of Mailing Address:: San Francisco

State or Province of mailing address:: CA

Page 2 Initial 2/9/04, Supplemental 10/26/04

Country of mailing address:: US

Postal or Zip Code of mailing address:: 94123

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Mark

Middle Name::

Family Name:: Flowers

City of Residence:: Los Gatos

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 119 Los Patios

City of Mailing Address:: Los Gatos

State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 95032

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Joseph

Middle Name:: B.

Family Name:: Miller

Name Suffix::

City of Residence:: San Ramon

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 1501 Old Ranch Estates Drive

City of Mailing Address:: San Ramon

State or Province of mailing address:: CA

Page 3 Initial 2/9/04, Supplemental 10/26/04

Country of mailing address::

US

Postal or Zip Code of mailing address:: 94583

Applicant Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

**Full Capacity** 

Given Name::

Michelle

Middle Name::

Family Name::

Fitts

City of Residence::

Hayward

State or Province of Residence::

CA

Country of Residence::

US

Street of Mailing Address::

3683 Skyline Drive

City of Mailing Address::

Hayward

State or Province of mailing address::

CA

Country of mailing address::

US

Postal or Zip Code of mailing address:: 94542

**Applicant Authority Type:**:

Inventor

Primary Citizenship Country::

US

Status::

Full Capacity

Given Name::

Curtis Robert

Middle Name::

Curtis

Family Name::

Cole

City of Residence::

Los Altos

State or Province of Residence::

CA

Country of Residence::

US

Street of Mailing Address::

460 Van Buren Avenue

City of Mailing Address::

Los Altos

State or Province of mailing address::

CA

Country of mailing address::

US

Page 4

Initial 2/9/04, Supplemental 10/26/04

Postal or Zip Code of mailing address: 94022

**Applicant Authority Type::** 

Inventor

Primary Citizenship Country::

<del>US</del>Canada

Status::

Full Capacity

Given Name::

Rick

Middle Name::

Family Name::

Adolf

City of Residence::

Sunnyvale

State or Province of Residence::

CA

Country of Residence::

US

Street of Mailing Address::

1385 Fisherhawk Drive

City of Mailing Address::

Sunnyvale

State or Province of mailing address::

Country of mailing address::

CA US

Postal or Zip Code of mailing address:: 94087

Applicant Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

**Full Capacity** 

Given Name::

Antonia

Middle Name::

Family Name::

Kohl

City of Residence::

Oakland

State or Province of Residence::

CA

Country of Residence::

US

Street of Mailing Address::

1184 Ocean Avenue

City of Mailing Address::

Oakland

State or Province of mailing address::

CA

Country of mailing address::

US

Postal or Zip Code of mailing address:: 94608

Page 5

Initial 2/9/04, Supplemental 10/26/04

**Applicant Authority Type:**:

Inventor

Primary Citizenship Country::

US

Status::

**Full Capacity** 

Given Name::

Carol

Middle Name::

Family Name::

**Thies** 

City of Residence::

San Rafael

State or Province of Residence::

CA

Country of Residence::

US

Street of Mailing Address::

342 Irwin Street

City of Mailing Address::

San Rafael

State or Province of mailing address::

CA

Country of mailing address::

US

Postal or Zip Code of mailing address:: 94901

#### **Correspondence Information**

Correspondence Customer Number::

20350

# **Representative Information**

Representative Customer Number::

# **Domestic Priority Information**

Application::

Continuity Type::

Parent Application:: Parent Filing Date::

This Application

An Appn claiming

60/446,829

02/10/03

benefit under 35 USC 119(e) of

This Application

An Appn claiming

60/512,326

10/17/03

benefit under 35 USC

119(e) of

Page 6

Initial 2/9/04, Supplemental 10/26/04

## **Foreign Priority Information**

Country::

Application number::

Filing Date::

#### **Assignee Information**

Assignee Name::

LeapFrog Enterprises, Inc.

Street of mailing address::

6401 Hollis Street, Suite 150

City of mailing address::

**Emeryville** 

State or Province of mailing address::

<u>CA</u>

Country of mailing address::

US

Postal or Zip Code of mailing address:: 95608-1070